

*TRW*

<div style="display: flex; align-items: center; justify-content: center;"> <div style="text-align: center;"> <b>TRANSMITTAL FORM</b>   <small>(to be used for all correspondence after initial filing)</small> </div> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; text-align: center; margin: 0 10px;"> <b>PIPE</b>  <b>JAN 20 2006</b>  <b>PATENT &amp; TRADEMARK OFFICE</b> </div> <div style="text-align: center;"> <b>LAPIO</b> </div> </div>		Application Number	10/668,375
		Filing Date	09/24/2003
		First Named Inventor	Ralf Ludwig et al.
		Art Unit	1763
		Examiner Name	Culbert, Roberts P.
Total Number of Pages in This Submission	9	Attorney Docket Number	006410.00003

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="border: 1px solid black; display: inline-block; padding: 2px 5px;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Banner & Witcoff, LTD.		
Signature			
Printed Name	John M. Fleming		
Date	January 20, 2006	Reg. No.	56,536

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name		Date	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:	:	
Ralf Ludwig et al.	:	Confirmation No.: 4792
Application No.: 10/668,375	:	Group Art Unit: 1763
Filed: September 24, 2003	:	Examiner: Culbert, Roberts P.
For: DEFECT REPAIR METHOD, IN PARTICULAR FOR REPAIRING QUARTZ DEFECTS ON ALTERNATING PHASE SHIFT MASKS	:	Atty Docket: 006410.00003

**AMENDMENT**

U.S. Patent and Trademark Office  
Customer Service Window, Mail Stop Amendment  
Randolph Building  
401 Dulany Street  
Alexandria, VA 22314

Sir:

In response to the Office Action mailed October 20, 2005, please amend the instant application as follows:

**Amendments to the Claims** are reflected in the Listing of Claims, which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 6 of this paper.